

TOWN OF CUMMINGTON
BUILDING INSPECTION DEPARTMENT
Community House P.O Box 128, Cummington, MA, 01026
(413) 634-5354 Fax: (413) 634-5568
Inspector of Buildings: Jim Cerone 413-834-0787

Form
3

**Solid Fuel Burning Appliances, Fireplace and Chimney
Permit Application**

Per.#: _____

Fee: _____

**Notice: This is a permit to begin installation or construction only.
Use will not be permitted until a final inspection has been done by
the building official and a certificate of use is granted**

A solid fuel-burning appliance shall not share a common flue with a working fireplace nor with another solid fuel-burning appliance.(780CMR, 7th edition Section 6007.13)

Owner's Name: _____ **Site Address** _____

Owner's Mailing Address _____ **Map** _____ **Lot** _____

Owner's telephone #: (H)(____) _____ (W)(____) _____ (Cell)(____) _____

Contractor: _____ **Contractor Address** _____

Cont. Tele# _____ **Fax** _____ **E-Mail** _____ **Town** _____

Stove Name _____ **Location** _____ **Test Label** _____ **Estimated Cost:** _____

Check all that apply:

- Stove with label and installation instructions(follow manufacturer's installation instructions)
- Mobile Home Installation
- Used stove with no label or installation instructions(see back for clearances to combustibles)
- New manufactured metal chimney
- Existing Chimney(Affidavit must be signed by installer)
- Heatilator
- Masonry fireplace(attach plans with clearances to combustibles)
- Masonry chimney(attach plans with clearances to combustibles)
- Outdoor Wood Boiler *

***Please note: For wood boilers, wiring permit is required and plumbing permit is required when boiler is used to heat domestic hot water or there is an automatic fill.**

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.
SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.

(Print Name of Owner or Authorized Agent)

(Signature of Owner or Authorized Agent)

Date

Appliance Installation

Check one:

I have manufacturer's installation instructions and have installed stove accordingly _____

All solid fuel burning appliances with label and installation instructions showing proper clearances to combustibles must be installed according to manufacturer's specifications.

Please have these available for review by the building inspector.

I do not have manufacturer's instructions _____ (See attached instruction sheet)

Location:

Describe room or space where appliance will be located: _____

Note: Solid Fuel Appliances may not be installed in hazardous locations, such as garages, per 780 CMR, Section 6007.4

Stove Clearances and Floor protection(Fill out the following):

	Top	Front	Back	Left Side	Right Side
Clearances to combustibles*					
Non-combustible floor protection**	na				

Describe type and thickness of floor protection: _____

***stud walls, wood trim, furniture, etc.**

****measured from edge of appliance to edge of floor protection**

Chimney (Solid fuel burning appliances cannot be installed into an unlined chimney) Choose one of two below:

I am **not** venting this appliance into a masonry chimney: _____

I am venting this appliance into a masonry chimney: _____ **(Sign below)**

*I have inspected the masonry chimney that vents this appliance and have found that it has a **clay liner** in sound condition or I have installed an **approved metal liner**.(Circle one)*

Installer(Print name)

Installer(signature)

Date

Connector Pipe:

The vent connector pipe (single wall) must have a minimum of **18" clearance to combustibles**. Some double-wall connector pipe may be used to reduce the clearance (Check manufacturer's specifications). Metalbestos chimneys must have a minimum of 2" clearance to combustibles. **(Fill out the following):**

Type	Clearance to combustibles
Single Wall	
Double Wall	
Metalbestos	

Installer Information

All installers of solid fuel burning appliances, other than homeowners, must be licensed by October 6, 2008. Unlicensed installers may fill out contractor affidavit until that date provided he/she has an HIC registration number.

Will a contractor be responsible for this project?

____YES (Contractor must complete **Contractor Affidavit** below and **Workman Compensation Affidavit**)

____NO (Skip contractor affidavit and fill out **homeowner's exemption**)

Contractor Affidavit

Name (Please Print) _____

Construction Supervisor # _____ HIC Registration# _____ Expiration
Date _____

Pursuant to MGL C. 142A, Home Improvement Contractor Registration, I hereby apply for a permit as the Agent of the aforementioned owner:

Signed under penalties of perjury:

Contractor _____ Date _____

HOMEOWNER'S LICENSE EXEMPTION

(This portion is to be completed by homeowner assuming responsibility for proposed project. Fill this section out only if there is not a contractor taking responsibility for the job.)

DEFINITION OF HOMEOWNER: " Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two-family dwelling, attached or detached structures accessory to such use, and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner." (Section 108.3.5) The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR**; the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS**. Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code. **NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE:** MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORS**. This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A. Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

HOMEOWNER'S SIGNATURE: _____ DATE: _____

SITE ADDRESS: _____

Approval to install appliance: _____

Inspector of Buildings

Date: _____

SOLID FUEL BURNING APPLIANCES

Section 6007.1 of the Mass. Bldg. Code describes regulations for the installation of all solid fuel-burning appliances. The fuel for such appliances includes, but is not limited to, wood, wood pellets, coal, nutshells, and corn. These appliances must:

1. Have a building permit issued prior to installation. The permit card must be in view for the inspection.
2. Have an inspection prior to use (the installation spec's must be in view for the inspection).
3. The inspection is for THE INSTALLATION OF THE STOVE only and NEW chimneys. The inspection of an existing chimney is the responsibility of the installer. **The installer must sign the application stating that he has inspected the chimney.**
4. If a new masonry chimney is constructed, there are 2 inspections during construction, one for footings and a final. If a new metal chimney, one inspection is done at the time of the stove inspection.
5. By October 6, 2008, the installer must possess a Construction Supervisor's License and a Home Improvement Contractor's Registration. These are not exempt by Section 5108.3.5.2 of Mass. Bldg. Code.
6. A Certificate of Use will be issued upon a satisfactory inspection by the Building Inspector.
7. A memo will be sent to the owner of any stove which does not pass inspection, describing what must be corrected. A copy of said letter will be sent to the installer.

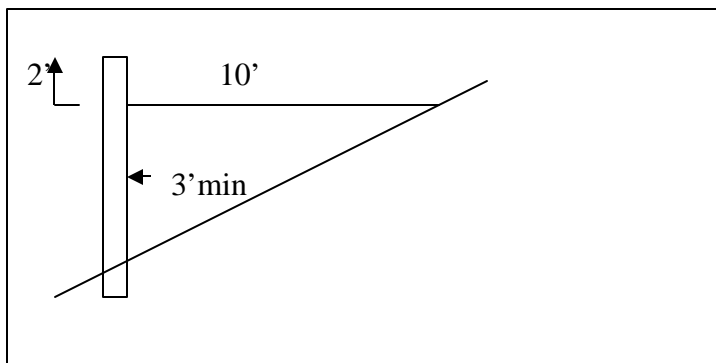
All solid fuel burning appliances with label and installation instructions showing proper clearances to combustibles must be installed according to manufacturer's specifications. **Please have these available for review by the building inspector.**

In the absence of this documentation, the stove must be installed according to the following table:

Used Solid Fuel Burning Appliances

	Top	Front	Back	Sides
Clearance to combustibles	36"	36"	36"	36"
Clearance to non-combustible wall protection with 1" air space			18"	18"
Concrete/masonry			6"	6"
Non-combustible floor protection (4" millboard min)		18"	12"	12"

Chimney Height: Chimneys must extend at least two feet higher than any portion of a building within 10 ft, but must not be less than three feet above the highest point where the chimney passes through the roof.



OFFICE OF TAX COLLECTOR

P.O. BOX 128
CUMMINGTON, MA 01026

CERTIFICATION OF PROPERTY TAX

Property Location: _____
_____ Map# _____ Lot# _____

Owner(s) of Record:

Name: _____ Address: _____

Name: _____ Address: _____

Land and Building(s) are assessed at: \$ _____

I hereby certify that current and past property taxes on the above described property are paid in full.

Signature of Tax Collector

Date

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone # _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. ~ I am an employer with _____ Employees (full and/or part-time)*</p> <p>2. ~ I am a sole proprietor or partner-Ship and have no employees Working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.]H</p> | <p>4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. I These sub-contractors have workers' comp. insurance.</p> <p>5. ~ We are a corporation and its officers have exercised their right of exemption per MGL C. 152, ' 1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. ~ New Construction
7. ~ Remodeling
8. ~ Demolition
9. ~ Building Addition
10. ~ Electrical repairs or additions
11. ~ Plumbing repairs or additions
12. ~ Roof repairs
13. ~ Other _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

H Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

I Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL C. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and /or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws Chapter 152 requires all employers to provide workers = compensation for their employees. Pursuant to this statute, an *employee* is defined as A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as A an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the owner of a dwelling house having not more than three apartments and who reside therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.@

MGL Chapter 152, ' 25C(6) also states that A every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.@ Additionally, MGL Chapter 152, ' 25C(7) states A Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.@

Applicants

Please fill out the workers = compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) names(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers = compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers = compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under A Job Site Address@ the applicant should write A all locations in ____ (city or town).@ A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department = s address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. #617-727-4900 ext 406 or 1-877-MASSAFE
Fax #617-727-7749
www.mass.gov/dia